SECTION III - Part-Time Employ	ees.																
		Number of Employees (Report employees in only one category)															
Job	Race/Ethnicity																
Categories		Hispanic or Latino		Not-Hispanic or Latino													
	'				M	ale			Female						Total Columns A - N		
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races			
	Α	В	С	D	E	F	G	н	1	J	к	L	М	N	0		
Executive/Senior Level Officials and Managers	.1														0		
First/Mid-Level Officials and Managers	.2														0		
Professionals	2		1												1		
Technicians	3		1												1		
Sales Workers	4		1												1 3		
Administrative Support Workers	5		3						3						6		
Craft Workers	6			7											0		
Operatives	7		2												2		
Laborers and Helpers	8		1												-1		
Service Workers	9														0		
TOTAL	10 0	0	9	0	0	0	0	0	3	0	0	0	0	0	12		
PREVIOUS YEAR TOTAL	11								п						0		
SECTION IV - Report of Discrip	mination Com	plaints Pursu	ant to 47 CFF	R 22.321, 23.	55, 90.168, 10	1.4, and 101	.311.										
This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.  This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company. (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.																	
SECTION V - Certification																	
I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.																	
	yped or Printed Name of Person Signing Jim Broemmer						Telephone No. (217) 696-4411										
Title of Person Signing CEO		WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).												EVOCATION			

## FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

## COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

				L'	riease reau ii	istructions bei	ore completi	ng and for ivo	lice regarding	public burder	1.]						
SECTION 1 - General Informa	tion													T			
1. Name and Mailing Address	of Re	spondent															
Adams Telephone Co-Operative PO Box 217 Golden, IL 62339														Check here if this is a change of address.			
Year Report Filed		Period (Endi	ng Date of Pa	ay			of Full-Time Er	-									
2018			1	7/2018	oorty			Reporting Period (check one):  a. Fewer than 16 (complete Sections I, IV, and V only)  b. 16 or more (complete all sections)									
SECTION II - Full-Time Emplo	yees	i,															
Job Categories			Number of Employees (Report employees in only one category)														
			Race/Ethnicity														
			anic or						Not-Hispan	ic or Latino					Total		
		Latino		Male						Female Column						Columns A - N	
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races		
		Α	В	С	D	E	F	G	Н	1	J	к	L	м	N	0	
Executive/Senior Level Officials and Managers	1,1	`		2												2	
First/Mid-Level Officials and Managers	1.2			9						5	7 5.0					14	
Professionals	2			2		-				3		45				5	
Technicians	3			17	1			y								18	
Sales Workers	4			2						6						8	
Administrative Support Workers	5			0						8	4.1					8	
Craft Workers	6			20						1						21	
Operatives	7			3			9,									3	
Laborers and Helpers	8															0	
Service Workers	9									1						1	
TOTAL	10	0	0	55	1	0	0	0	0	24	0	0	0	0	0	80	
PREVIOUS YEAR TOTAL	11															0	